FORDS Is Your Friend

An Overview of the Manual

Presented by ACCR Colleagues:

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Acknowledgements

DISCLAIMER

WE CLAIM…

- To NOT know everything…YES, we are still learning too!
- To have cranial flatulence (a.k.a. brain farts)
- To have Alzheimer's (we are over 40 years old…I think…Heck, I can't remember!!)
- To accept your answers over ours (if you can prove it by the FORDS rules)

Fords SEEMS **F**rightening and **F**rustrating…

But, once you understand the layout of the manual…

You will **LOVE** it!!!

Before abstracting a case…

- **Take your Prozac®**
- Review the medical record
  - Get an overall picture from Dx to Tx
- Make a time-line or an outline
- Have your resources accessible
  - manuals, internet access, other CTRs phone numbers

Manual Layout

- Table of Contents
- Section One
  - Case eligibility & Overview of Coding Principles
- Section Two
  - Coding instructions
- Appendix A
  - Multiple primaries for hematopoietic diseases
- Appendix B
  - Site Specific Surgery Codes
- Appendix C
  - FORDS page revisions
- INDEX

Layout of the Data Item Pages

- Upper Left is the **Data Item Name**
- Upper right:
  - **Item Length**
  - **Allowable Values**
  - **NAACCR Item #**
- **Description:**
- **Rationale:**
- **Instructions for Coding:**
- Matrix table:
  - **Code**
  - **Label**
  - **Definition**
  - **Examples**

YOU MUST…

1. Familiarize yourself with the manual's layout
2. For every data item, Read:
    1. Description
    2. Rationale
    3. Instructions for coding
    4. Matrix table
3. Make notes in your manual
4. Network – use and abuse experienced CTRs
5. Use your internet tools

		patient. Associated with slight discomfort but no pain. No tenderness; peau d'orange noticed overlying the mass. No nipple discharge. Mass freely movable. No bone pain. Left breast: No masses palpated. No palpable lymph nodes.
Imaging	09/12/XX	Mammogram: Suspected malignant lesion of right breast.
	09/13/XX	Chest X-Ray: No evidence of metastatic lesions.
	10/01/XX	scan: No evidence of skeletal metastases.
Laboratory	09/13/XX	SMA 20: WNL
	09/14/XX	ERA/PRA: Both are negative
Surgical Observations	09/14/XX	Right breast biopsy
	09/20/XX	Right simple mastectomy with lymph node dissection.
Pathological Reports	09/14/XX	R breast bx: Intraductal carcinoma; 1 cm lesion located 1 cm from nipple in upper outer quadrant.
	09/20/XX	R mastectomy: No residual tumor at original biopsy site; no infiltration to pectoralis muscle or fascia. Metastatic carcinoma to 2 of 13 right axillary lymph nodes.
Treatment	09/14/XX	Surgery: Right breast excisional biopsy; 9/20/XX Right simple mastectomy with right axillary lymph node dissection.
	11/2/XX	Chemotherapy: Adriamycin/Cytoxan followed by Taxotere.
	03/21/XX	Radiation: Beam radiation to right chest,

Presentation Summary

- **SECTION ONE: Case Eligibility and Overview of Coding Principles**
- **SECTION TWO: Cancer Identification**
  - **Pgs. 99, 102, 103**
- **SECTION TWO: Stage of Disease at Diagnosis**
  - **Pg. 109**
- **SECTION TWO: First Course of Treatment**
  - **Pgs. 135, 138, 142, 171-187, 189**
- **APPENDIX B: Site-Specific Surgery Codes**

Please turn to

"Section One: Eligibility and Overview of Coding Principles"

Please turn to

"Section Two: Cancer Identification"

Pages 99, 102 - 103

Diagnostic Confirmation
Cells vs. Tissues (Page 99)

- Page 99 – Exception for hematopoietic diseases, peripheral blood smear – diagnostic confirmation =1 histology
  - 195358/22/2006 FORDS ICD Coding - What is the…diagnostic confirmation codes for a peripheral T cell lymphoma, diagnosed by flow cytometry and peripheral blood smear? Revised 8/20/2007 MAC: The…**diagnostic confirmation would be 1, positive histology, because hematologic findings (including cytology) are coded 1 when diagnosing leukemia.**
- Positive brushings, washings, cell aspirations, FNA =2 cytology

Please turn to

"Section Two: Stage of Disease at Diagnosis"

Page 109

Stage of Disease at Diagnosis

Primary site = Lung

Is a fine needle aspiration of the lung coded under diagnostic/staging procedures?

If the FNA is an aspiration of **cells**, code in the diagnostic confirmation field only (2=Cytology).

If **tissue** was removed, code in the surgical diagnostic and staging procedure field.

(1=Histology and 02=Biopsy to primary site)

SURGICAL DIAGNOSIS & STAGING PROCEDURE continued

- The surgeon takes a small piece of tissue for diagnostic purposes.
- **DO NOT CODE FNAs (fine needle aspiration of cells)**
- Code 02 for a biopsy (tissue) to the primary site.
  - Patient has a lung lesion accessible to needle biopsy **and pathology states tissue** in gross description.

Please turn to

"Section Two: First Course of Treatment"

Pages 135, 138, 142, 171-187, 189

These are coded as "SURGERY "

- Page 135 – Surgery to **primary site** for "SUSPECTED Malignancy" (even if outcome is negative) THIS IS SURGERY!!!
- Page 138 – If a **regional lymph node** is even touched (with a needle, scalpel, etc.) THIS IS SURGERY!!!
- Page 142 – Surgery to **OTHER than primary site** for "SUSPECTED Malignancy" (even if outcome is negative) THIS IS SURGERY!!!

Exercise

57 YO B/F felt a nodule in her left breast.

She had a core biopsy of the left breast followed by an excisional biopsy. Lastly, the surgeon removed a sentinel lymph node.

Timeline

1-1-07 Path=L breast bx, mod diff ductal carcinoma, 0.7cm, with one positive margin.

1-5-07 Path= L breast excision, no residual cancer.

1-9-07 Path = 0/1 sentinel lymph node negative.

How Are These Procedures Coded?

- 1-1-07 Core bx to primary site left breast
  - Hint: Pg. 109 5th bullet; Pg. 135 2nd bullet

  108822/23/2004FORDSQuestion #9936: Under Surgical Diagnostic and Staging Procedures, FORDS pp. 109 and 111 states excisional biopsies with clear or microscopically involved margins should be coded under Surgical Procedure of Primary Site.

  Does this include a core needle biopsy which removes all the tumor or should a needle biopsy always be coded as a dx/staging procedure of its intent?

  ANSWER: Stereotactic core biopsy of the breast that removes all of the tumor are coded in surgical procedure of the primary site.

- Breast primary site surgery code…pg 269
  - 22 Lumpectomy or Excisional biopsy
- Breast primary site surgery code…pg 269
  - 23 Re-excision of the biopsy site for gross or microscopic residual disease
- Pg 138 Scope of Regional Lymph Node Surgery
  - Code 2 – Sentinel Lymph node biopsy

This Is WHY We Registrars Are NUTS!!!

- 180273/15/2006Patient had a core biopsy of the breast demonstrating invasive ductal carcinoma. The largest diameter being 5.0 mm. this was follwed by a segmental resection with a residual focus of invasive ductal carcnoma measuring 1.5 mm in diameter. The mammogram size was 0.6 x 0.5 x 0.6 cm.
- Answer: For an incisional biopsy, do not code the tumor size from a needle biopsy unless no residual tumor is found on further resection. For this case, use the mammogram size. Curator

Another Example (with timeline)

- 70 YO W/M…c/o abdominal pain, headaches
- 1-1-07…CT Abd/Pelvis…+ for a liver lesion, c/w mets
- 1-2-07…MRI Brain…brain lesions c/w mets
- 1-3-07…Wedge bx liver lesion… poor diff met adenoca
- 1-5-07…XRT brain to alleviate headaches

Find the answer in FORDS

- Primary site?
- Histology?
- Grade? (hint: page 96)
- Surgical procedures? (surgeries start on page 135)
- Palliative procedures? (page 189)
- Radiation therapy? (page 142)
- Radiation/Surgery sequence? (page 164)

CODES

- Primary site C80.9 (unknown)
- Histology 8140/39 , adenocarcinoma
  - do not code poor diff as grade b/c this is a metastatic site, pg. 96
- 1-3-07…Surgery for the liver wedge bx
  - Surgery to Other Site, 1=unknown if regional or distant (pg. 142)

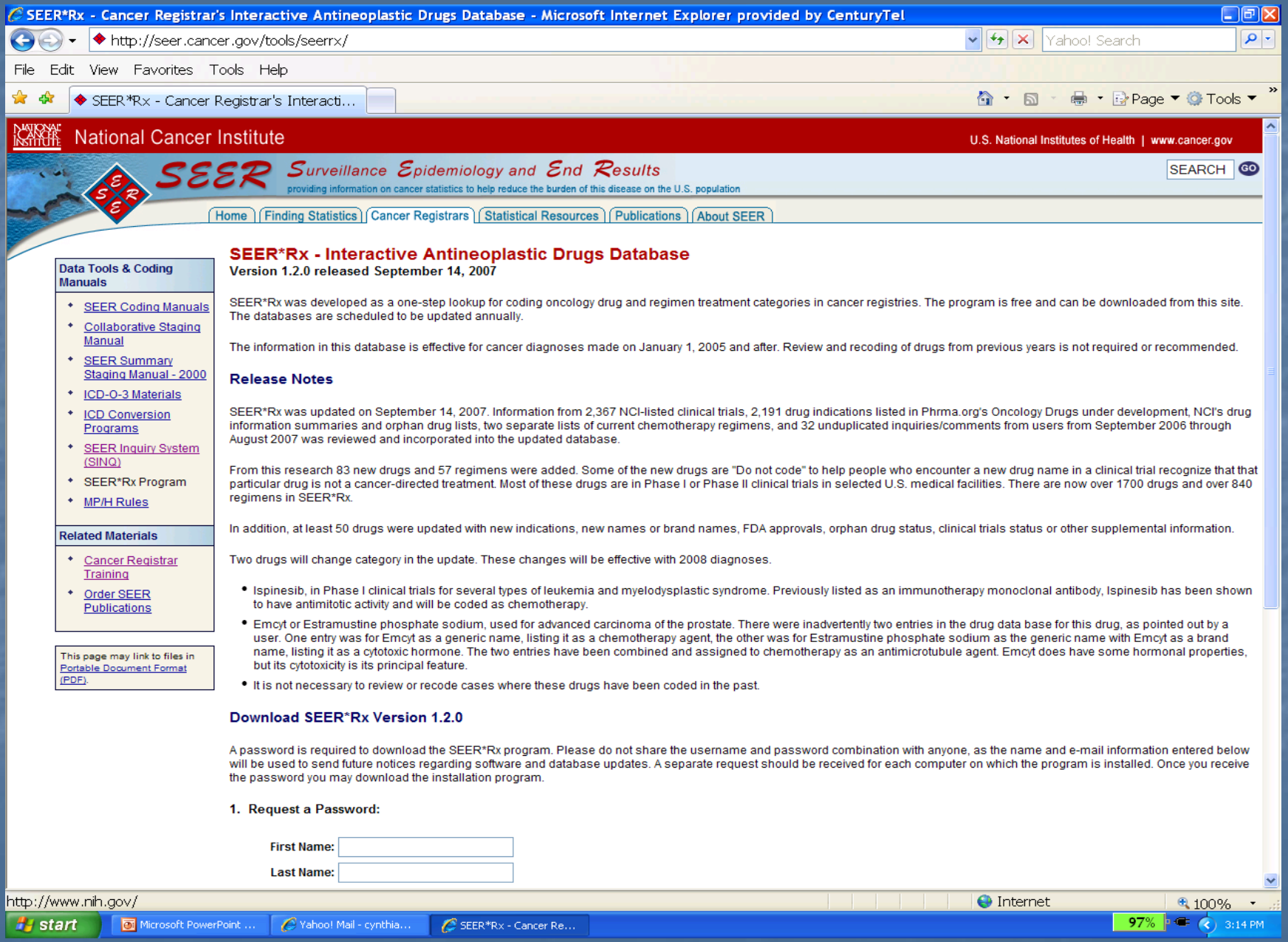
- *Do NOT code Palliative surgery to liver b/c it was ALSO an attempt to diagnose or stage (pg. 189)*
- 1-5-07 XRT to brain
- 1-5-07 Palliative XRT to brain
  - Code 2 – XRT given to alleviate sxs, no attempt to dx or stage dz (pg. 189)
- XRT/Surgery sequence
  - Code 3 - XRT given after Surgery (pg. 164)

TOOLS WE NEED ON-HAND

SEER Rx

Download this executable file from the SEER website for access to all antineoplastic drug information.

http://seer.cancer.gov/tools/seerrx/


SEER*Rx - Cancer Registrar's Interactive Antineoplastic Drugs Database - Microsoft Internet Explorer provided by CenturyTel
http://seer.cancer.gov/tools/seerrx/
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providing information on cancer statistics to help reduce the burden of this disease on the U.S. population
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ICD-O-3 Materials
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SEER Inquiry System (SINQ)
SEER*Rx Program
MP/H Rules
Related Materials
Cancer Registrar Training
Order SEER Publications
This page may link to files in Portable Document Format (PDF).
SEER*Rx - Interactive Antineoplastic Drugs Database
Version 1.2.0 released September 14, 2007
SEER*Rx was developed as a one-step lookup for coding oncology drug and regimen treatment categories in cancer registries. The program is free and can be downloaded from this site. The databases are scheduled to be updated annually.
The information in this database is effective for cancer diagnoses made on January 1, 2005 and after. Review and recoding of drugs from previous years is not required or recommended.
Release Notes
SEER*Rx was updated on September 14, 2007. Information from 2,367 NCI-listed clinical trials, 2,191 drug indications listed in Phrma.org's Oncology Drugs under development, NCI's drug information summaries and orphan drug lists, two separate lists of current chemotherapy regimens, and 32 unduplicated inquiries/comments from users from September 2006 through August 2007 was reviewed and incorporated into the updated database.
From this research 83 new drugs and 57 regimens were added. Some of the new drugs are "Do not code" to help people who encounter a new drug name in a clinical trial recognize that that particular drug is not a cancer-directed treatment. Most of these drugs are in Phase I or Phase II clinical trials in selected U.S. medical facilities. There are now over 1700 drugs and over 840 regimens in SEER*Rx.
In addition, at least 50 drugs were updated with new indications, new names or brand names, FDA approvals, orphan drug status, clinical trials status or other supplemental information.
Two drugs will change category in the update. These changes will be effective with 2008 diagnoses.
Ispinesib, in Phase I clinical trials for several types of leukemia and myelodysplastic syndrome. Previously listed as an immunotherapy monoclonal antibody, Ispinesib has been shown to have antimitotic activity and will be coded as chemotherapy.
Emcyt or Estramustine phosphate sodium, used for advanced carcinoma of the prostate. There were inadvertently two entries in the drug data base for this drug, as pointed out by a user. One entry was for Emcyt as a generic name, listing it as a chemotherapy agent, the other was for Estramustine phosphate sodium as the generic name with Emcyt as a brand name, listing it as a cytotoxic hormone. The two entries have been combined and assigned to chemotherapy as an antimicrotubule agent. Emcyt does have some hormonal properties, but its cytotoxicity is its principal feature.
It is not necessary to review or recode cases where these drugs have been coded in the past.
Download SEER*Rx Version 1.2.0
A password is required to download the SEER*Rx program. Please do not share the username and password combination with anyone, as the name and e-mail information entered below will be used to send future notices regarding software and database updates. A separate request should be received for each computer on which the program is installed. Once you receive the password you may download the installation program.
1. Request a Password:
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Last Name:
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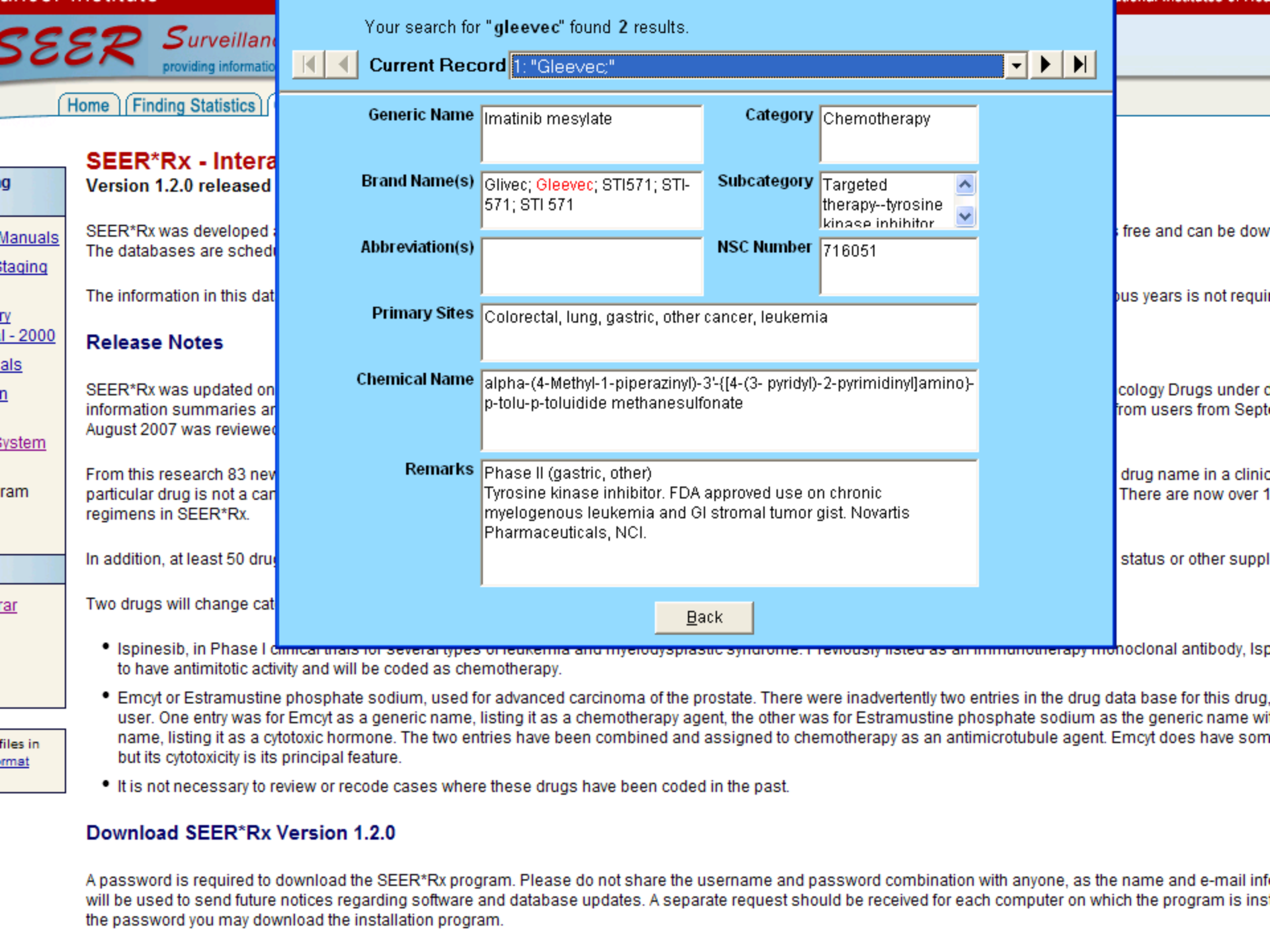

SEER Surveillan
providing informatio

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SEER*Rx - Intera

Version 1.2.0 released

SEER*Rx was developed
The databases are sched

The information in this dat

Release Notes

SEER*Rx was updated on
information summaries ar
August 2007 was reviewe

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Download SEER*Rx Version 1.2.0

A password is required to download the SEER*Rx program. Please do not share the username and password combination with anyone, as the name and e-mail inf
will be used to send future notices regarding software and database updates. A separate request should be received for each computer on which the program is ins
the password you may download the installation program.

ACoS Inquiry and Response

http://web.facs.org/coc/default.htm

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A MULTIDISCIPLINARY
PROGRAM OF THE
AMERICAN COLLEGE OF SURGEONS

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ch Database
on search database to review previously submitted questions
swers in the following areas:

- AJCC Staging
- Cancer Program Standards 2004, Revised Edition
- Collaborative Stage
- Facility Oncology Registry Data Standards (FORDS)
- National Cancer Data Base (NCDB)
- Multiple Primary / Histology Rules

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rch Results

Displaying records 1 through 10 of 28 records found.

estion	Site / Category	Question	Answer
	Other and Ill-Defined Sites C76	If a head and neck primary has no site specified, is the primary site coded as ill-defined (C76.0) or unknown?	Because this case is a head and neck primary with an unknown site of origin, use code C76.0.
		A patient had an unknown primary and had a radical neck dissection with positive lymph nodes. Physician states unknown primary site. Is the radical neck coded as non primary surgical procedure, NOS?	Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item Surgical Procedure/Other Site, code 1 unknown primary.
		A patient had surgery for a pancreatic carcinoma and liver mets were found. The surgery was cancelled and a double bypass was done as a palliative procedure. What is the code for Reason for no surgery of primary site? If the bypass was performed at another facility and it is unknown if a biopsy was done at the time of the palliative procedure, is 07 the code for Surgical Diagnostic and Staging procedure?	Reason for no surgery of the primary site would be 2, surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors. The palliative bypass done at your facility would be recorded in palliative care. For the patient who had bypass at another facility, but you didn't know if they had a biopsy, code 1 in the Palliative Care field.
TIVE R y &		#23511: FORDS page 99I says to code 03 in the multiplicity counter for a lung primary that has 2 lesions in the lt and a single lesion in the rt. Is this because no other work-up was done and it is unknown which is the primary tumor? Rule M12 states tumors that do not meet any of the above criteria are a single primary. Example 1: solitary tumor in one lung, multiple tumors in contralateral lung is 3 tumors abstracted as a single primary. The Multiplicity counter would be coded 03. Is the code for CS mets at dx 39, separate tumor nodules in contralateral lung?	You are correct in coding multiplicity counter as 3. Yes, the reason this is treated as a single primary is because that is how physicians treat this type of presentation. Curator
		If a biopsy said "metastatic melanoma," is this an unknown primary or skin, NOS?	FORDS, page 9 and 10 Overview of Coding Principles under Primary Site: Melanoma, code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.
	Lung C34	If a death certificate stated "Pancoast tumor with metastasis," is it abstracted as an unknown primary (C809) or lung (C349)? Is the morphology 8000/3 for a malignant neoplasm?	Pancoast tumors are neoplasms of pulmonary origin located at the apical pleuropulmonary groove (superior sulcus). The site would be C349 and and morphology 8000/3.
		Patient had testicular cancer, nonseminomatous germ cell tumor in 1986	

SEER Inquiry System

http://seer.cancer.gov

SEER Surveillance Epidemiology and End Results

providing information on cancer statistics to help reduce the burden of this disease on the U.S. population

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Finding Cancer Statistics

- Cancer Stat Fact Sheets
- Fast Stats
- State Cancer Profiles
- Help Finding Cancer Statistics

Information for Cancer Registrars

- 2007 Multiple Primary and Histology Coding Rules
- Coding and Staging Manuals
- SEER*Rx Interactive Drug Database
- SEER Inquiry System (SINQ)
- Data Submission Requirements
- Registrar Training

Statistical Resources

- SEER*Stat Software
- SEER Data, 1973-2004
- Cancer Query Systems (CanQues)
- Data Reporting Tools

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SEER Inquiry System

Print Listing

ID : 20010118 Status : Final

1 of 24 GO Mark for Report

References
SEER App F, 2003+ Surg Codes (January 2003)

Brief

Question
All Surgical Fields/Radiation Sequence with Surgery--Unknown Primaries: What codes are used to represent these fields for an unknown primary treated with a radical neck dissection followed by radiation therapy?

Answer
For unknown primaries treated with a lymph node dissection and diagnosed 1/1/2003 and after, code:
1) Surgery to Primary Site: 98 [All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment].
2) Scope of Regional Lymph Node Surgery: 9 [Unknown or not applicable].
3) Surgical Procedure of Other Site: 1 [Surgery to other site(s) or node(s), NOS; unknown if regional or distant].
4) Radiation Sequence with Surgery: 3 [Radiation after surgery]. Any planned surgical treatment is used to code radiation/surgery sequence (per CoC I&R).

History * | Discussion

Last Updated on Mar 9 2004

Search Criteria

Question ID

Category

Free Text
unknown prim

Last Updated Since
(mm/dd/yyyy)

Search R

To Summarize

- Read your manuals
- Use your network of CTRs
- ALWAYS get the reference of where the answer is found (manual/I&R)
- Make notes in your manuals
- Flag and highlight the page or copy the page from the I&R and insert it into your manual

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